

McGarry Bair PC
Intellectual Property Counselors

171 Monroe Avenue NW Suite 600 Grand Rapids MI 49503 mcgarrybair.com
Tel (616) 742-3500 Fax (616) 742-1010

RECEIVED

Facsimile Transmission

30 MAR 2006

Legal Staff
International Division

TO	PCT Legal Office	FROM	Ms. Rebecca L. Shilt
FAX	571-273-0459	PAGES	15 + Coversheet
PHONE		DATE	March 30, 2006
RE	Status of Request for Withdrawal as Attorney or Agent and Change of Correspondence Address		

☐ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable laws. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return original message to us at the above address via U.S. Postal Service. Thank you.

Comments:

Per a conversation I had this morning with the PCT Help Desk, I am enclosing copies of Request for Withdrawal as Attorney or Agent and Change of Correspondence Address. Could you please update me on the status of these requests so I can update my docket? If you have any questions, please contact me 616-742-3534 or rls@mcgarrybair.com, or via facsimile at 616-742-1010.

Kind regards,
Rebecca

(I am faxing 3 batches of
these requests.)
R

USPTO
Auto-reply fax to 616 742 1010 COMPANY: 10/7/2005 12:43 PM PAGE 1/001 Fax Server

Auto-Reply Facsimile Transmission



TO:

Fax Sender at 616 742 1010

Fax Information

Date Received:

10/7/2005 12:30:22 PM [Eastern Daylight Time]

Total Pages:

2 (including cover page)

ADVISORY: This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

Received
Cover
Page
=====>

OCT-07-2005 12:48 McGarry Bair PC		616 742 1010 P.01/02				
<p>PTO/SB/01 (09-04) Applied for use through 07/01/2006. One 09-0401 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE</p>						
<p>Under the Patent and Trademark Act of 1980, no person is entitled to receive a collection of information unless it contains a valid OMB control number.</p>		<p>Application Number: 10/510,904 Filing Date: October 6, 2004 First/Named Inventor: Mike Austin Attorney: [blank] Examiner Name: [blank] Attorney Contact Number: 71922-0014</p>				
<p>TRANSMITTAL FORM</p> <p>(To be used for all correspondence after letter filing)</p> <p>Total Number of Pages in This Transmission: 2</p>						
<p>ENCLOSURES (Check all that apply)</p> <table border="1"> <tr> <td> <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Abandonment <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 </td> <td> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Referral <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD <input type="checkbox"/> Remarks </td> <td> <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Preliminary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (PTO/SB/03) </td> </tr> </table>				<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Abandonment <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Referral <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Preliminary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (PTO/SB/03)
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Abandonment <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Referral <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Preliminary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (PTO/SB/03)				
<p>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</p> <p>Print Name: McGarry Bair PC Signature: [Signature] Printed name: John C. Bair Date: 7 Oct 2005 Reg. No. 33,366</p>						
<p>CERTIFICATE OF TRANSMISSION/MAILING</p> <p>I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1490 on the date shown below.</p> <p>Signature: Rebecca L. Shiff Typed or printed name: Rebecca L. Shiff Date: Oct. 7, 2005</p>						
<p><small>This collection of information is required by 37 CFR 1.1. The information is required to obtain a benefit by the public which is to be used by the USPTO in processing an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is exempted to 2 hours to complete, including gathering, indexing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the accuracy of this form should be submitted to the USPTO, Attention: Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS. Submit To: Commissioner for Patents, P.O. Box 1440, Alexandria, VA 22313-1440.</small></p> <p><small>If you need assistance in completing this form, call 1-800-PTO-6189 and select option 2.</small></p>						

RECEIVED
OCT 7 2005

By: McGarry Bair PC
Patent and Trademark Office

PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0851-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 2

Application Number 10/510,904

Filing Date October 8, 2004

First Named Inventor Philip Austin

Art Unit

Examiner Name

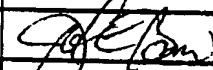
Attorney Docket Number 71522-0014

ENCLOSURES (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (PTO/SB/83) |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name McGarry Bair PC

Signature 

Printed name Joel E. Bair

Date 20 Oct 2005

Reg. No. 33,356

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature Rebecca L. Shilt

Typed or printed name Rebecca L. Shilt

Date Oct. 7, 2005

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.